



HEALTH OPTIONS®

# HEALTH OPTIONS. A PLAN TO KEEP YOU IN GOOD HEALTH.

MEMBER'S GUIDE TO BENEFITS



**Blue Cross  
Blue Shield**  
of Florida

Independent Licensees of the Blue Cross and Blue Shield Association.





# WELCOME TO HEALTH OPTIONS.

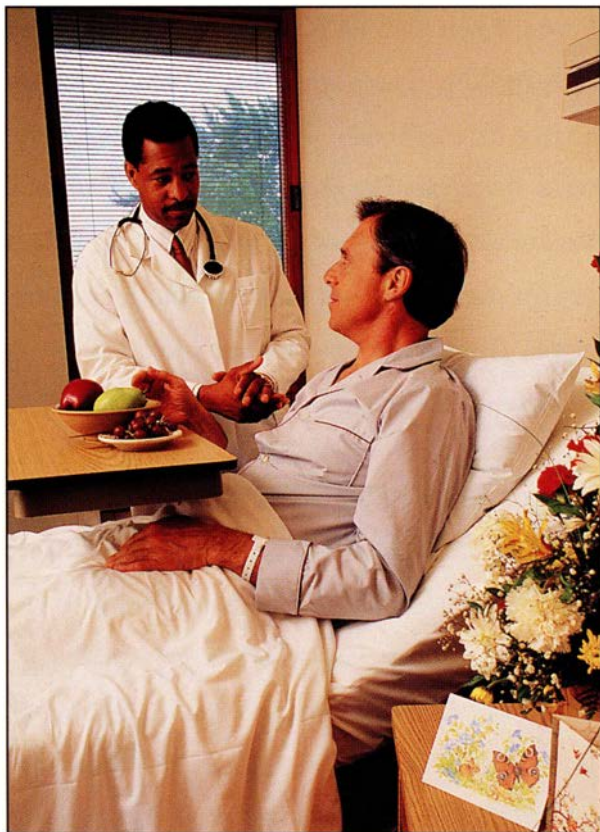
We believe the best plan for health care is to keep you and your family healthy. That's why Health Options follows a true managed care approach. Preventive care is covered and encouraged. Each member chooses their own Primary Care Physician from our network of doctors. And the treatment you receive is overseen by our medical management teams. This helps us provide the coverage you need in a way that's more affordable.

Health Options is the only HMO backed by Blue Cross and Blue Shield of Florida. You'll have the coverage you need from a name you trust. With more than 50 years of health care coverage experience, we've established working relationships with many of the finest doctors and hospitals in the state. You'll have quality care at lower costs. Your Primary Care Physician will arrange all medical services for you, so you'll receive the care and attention you need with no deductibles or claims to file. And because each medical service has a low, predetermined copayment, you'll have predictable out-of-pocket costs.



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# You'll Have A One-On-One Relationship With Your Primary Care Physician.

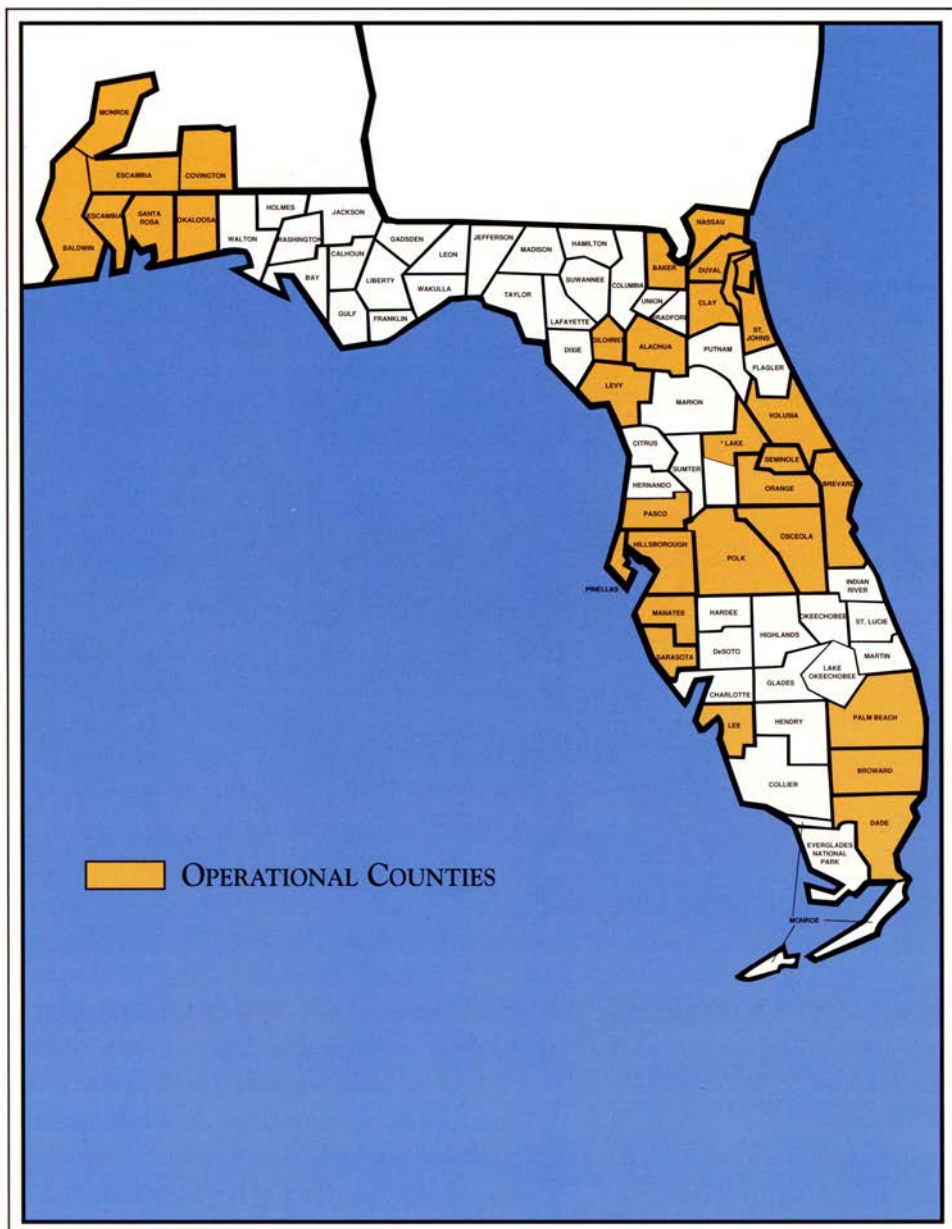


When you know and trust your doctor, you're more likely to ask questions and follow the given advice. We know how important this can be, so we're selective with our network doctors. Each one must pass our high standards to qualify as a Health Options Physician. And we regularly review the treatments they provide to make sure you're getting the right kind of care. Each member of your family will choose their own Primary Care Physician (PCP) from our network.

## **Your Primary Care Physician:**

- Provides regular checkups and preventive care, like immunizations.
- Arranges treatment with a specialist or a hospital if you need these services.
- Is typically a member of an independent practice, not a clinic, so you'll see the same doctor each visit and establish a working relationship.
- Can be changed to another network doctor if you choose.

# Health Options Statewide Network



The Health Options network is accessible to over 85% of Florida's population, so you'll receive all the services you need. We also negotiate with providers who do not participate in our networks when their services are required.

# How To Use Your Health Options Benefits.

HMO NETWORK SERVICES	
Type of Service	
Routine Physician Services	Go to your Primary Care Physician (PCP).
Specialist Services	Medically appropriate referrals are provided by your PCP.
Hospital Services	Your PCP must pre-authorize hospital services. To ensure continued coverage in the hospital, you should follow your PCP's directions.
Emergency Services	<ol style="list-style-type: none"> <li>1) Call your PCP or Health Options immediately for authorization before receiving emergency services.</li> <li>2) If your emergency is life threatening, go to the nearest emergency room and call your PCP within 48 hours.</li> <li>3) If you are in a non-Health Options hospital, your PCP may ask you to transfer to a Health Options facility when you are stabilized. Your continued coverage depends upon following the advice of your PCP.</li> <li>4) For any follow-up care, visit your PCP, not the emergency room.</li> </ol>
Pharmacy	Select one of our convenient participating pharmacies to have your prescriptions filled.
Other Services	As approved and referred by your PCP.

To receive benefits from Health Options providers, all services must be provided or authorized by the Primary Care Physician (PCP). Remember: Each covered family member may choose their own PCP. This doctor makes sure that you're getting all the care you need by arranging all treatment for you. You are responsible for paying copayments for services. Copayments are listed in the Summary of Benefits in the back pocket of this booklet.



## Health Options Helps You Save Money.

While providing quality care, our Primary Care Physicians, participating specialists, and hospitals have agreed to our special arrangements that control medical costs. Preventive care treatments like regular checkups and immunizations can help lower your costs and keep you healthy. We cover these treatments in order to reduce the chances of a costly or chronic illness. Certain persistent or prolonged illnesses may be followed by a case manager, who helps you get the medically appropriate treatment in an alternative, cost-effective setting. This “teamwork” approach to good health is how Health Options lowers your costs.

## We Help You Make Healthier Decisions.

Health Options includes many educational programs that will help you take better care of yourself and your family. They also help you get more value out of the money you spend on health care. Making smarter health decisions helps you and your family stay in good health. And it also helps you save money.



### Teleorientation

After you enroll, you'll get a call from us to explain your plan's benefits and answer any questions you have. This *Teleorientation* program is just a part of our commitment to you.

### Healthy Addition

Through prenatal counseling and education, *Healthy Addition* helps expectant mothers have healthier, full-term pregnancies to reduce the number of premature births. High risk cases are identified and monitored to reduce the potential for expensive neonatal care that results from many problem pregnancies.

### Welcome Home

Participating obstetricians work with mothers and their newborns and pediatricians to permit early hospital discharges when medically safe. *Welcome Home* also provides an educational video and gift package to new families to help them prepare for their baby's first year.

# Questions And Answers About

## Primary Care Physician (PCP) Services

The PCP you select will provide or authorize the services you need. Your PCP will follow Health Options managed care guidelines to provide care in the most appropriate medical setting.

**Q:** Why do I need a Primary Care Physician (PCP)?

**A:** Your Primary Care Physician is your key to quality, cost-effective health care. The PCP is able to direct and manage all your medical services. Your PCP knows how to work within the Health Options network, select providers, and direct your care toward the most appropriate medical setting. This helps you to receive the most value from your benefits.

**Q:** Can I change my PCP if I am not satisfied with my original choice?

**A:** Yes. Your satisfaction with your medical care is one of our most important goals. You may select another PCP by calling your local Health Options office or returning your Member Status Change form at least 14 days prior to the end of the month. Then you can see your new PCP the following month.

## Specialist Services

You must obtain a referral for these services from your PCP, who, like a family doctor, coordinates all of your care.

**Q:** If I know I need a specialist for my condition, can I go directly to a Health Options network specialist?

**A:** No. You must go to your PCP first to obtain the proper referral. Your PCP has the expertise to direct you to the most appropriate specialist.

**Q:** If my PCP refers me to a specialist I do not like, am I permitted to change specialists?

**A:** Your PCP will probably involve you in the selection of your specialist to make sure you're comfortable with his choice. However, if you decide that you want to change specialists, just discuss the situation with your PCP.

## Hospital Services

To receive hospital benefits, you must enter the hospital as a Health Options patient, and continue to follow your Primary Care Physician's advice throughout your hospital stay.

**Q:** Can I use a Health Options physician and a non-network hospital and still receive the Health Options benefits?



## out Health Options Benefits.

**A:** No. To receive Health Options benefits, you must use network providers as arranged by your Primary Care Physician, unless services are not available at any network hospitals. In that case, Health Options will arrange for your care at a non-network hospital, and your care will be covered.

**Q:** What if I am hospitalized in a network hospital, as authorized by my PCP, and my PCP or Health Options tells me I can be discharged to receive the rest of my care at home. Can I continue my hospital stay and receive benefits?

**A:** No. If your PCP has determined it is no longer medically necessary for you to receive care in the hospital, additional hospital expenses will not be paid under the Health Options guidelines.

**Q:** Is there any reason why Health Options would not certify my admission?

**A:** There are three reasons. Inpatient services are not certified if: (1) it is determined they are not medically necessary; or (2) they could be handled satisfactorily on an outpatient basis; or (3) the specific treatment is not covered under your contract, for example, elective cosmetic procedures.

### Emergency Services

Emergency Services are services required to treat sudden or unexpected illness or injury that requires immediate medical attention.

**Q:** What if I am physically unable to contact my PCP or Health Options before an emergency admission?

**A:** In life threatening situations, get immediate emergency attention. Call your PCP or Health Options within 48 hours of admission (the “pre-cert” telephone number is on your ID card) to obtain an authorization for the care. This authorization, along with your continued cooperation with Health Options guidelines, will assure benefits will be payable at the Health Options network level.

**Q:** What if Health Options authorizes an emergency admission to a non-network hospital, and my PCP later asks me to transfer to a Health Options hospital for further treatment? May I remain in the non-network hospital and still receive coverage?

**A:** No. You must follow your Primary Care Physician’s directions. Your PCP will not ask you to transfer until your condition has become stabilized. If you do not transfer when requested, further coverage for care related to the emergency will be denied under Health Options benefits.

## Definition Of Terms And Phrases

**Benefits:** The coverages and types of services provided under one contract with your employer. It's important to review this booklet to make sure you understand your benefits. If you have questions after doing so, call the toll-free customer service number on your ID card.

**Copay, Copays, Copayment:** The amount you pay for covered medical services per visit or hospital day. Check your contract for your specific copays.



**HMO:** Health Maintenance Organization. A health plan that offers quality care and lower out-of-pocket costs through a system of care management and a participating provider network. Health Options is the HMO subsidiary of Blue Cross and Blue Shield of Florida.

**Network:** A group of doctors, specialists, hospitals and other providers who enter into contracts with Health Options to provide quality health care and help control medical costs.

**Primary Care Physician (PCP):** The physician you and each member of your family selects from a list of participating physicians listed as PCPs to arrange all your medical care. You'll choose your PCP at the time of enrollment, and can select a new PCP at any time.

**Provider:** Any physician, specialist, hospital or related organization providing medical services.



# A Summary of Benefits



# Health Options, Inc.

## Schedule of Benefits

### Plan 45

*Care must be received from or arranged by your HOI Primary Care Physician.*

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#### Benefits

#### Cost to You

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#### Outpatient Office Services:

For medical consultation and treatment:

- |  |                |
|--|----------------|
| • Primary Care Physician office visits   | \$5 per visit  |
| • Participating Specialist office visits | \$15 per visit |

Office services may include:

- |  |                                     |
|--|-------------------------------------|
| • Pediatric and well baby care   | No additional charge                |
| • Periodic health evaluations  | No additional charge                |
| • X-ray, laboratory, other diagnostic services                                     | No additional charge                |
| • Health education   | No additional charge                |
| • Professional counseling (family planning, nutrition and medical social services) | No additional charge                |
| • Vision and hearing screening for children under age 19                           | No additional charge                |
| • Short term physical, occupational and speech therapy                             | No additional charge                |
| • Family planning services   | No additional charge                |
| • Flu shots, immunizations and injections (including medication)                   | \$6 additional charge per injection |
| • Allergy injections (including serum)   | \$7 additional charge per injection |
| • In office surgical procedures  | No additional charge                |

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#### Hospital Services (Inpatient):

- |   |           |
|---|-----------|
| • Room and board – unlimited days (semi-private room) | No charge |
|---|-----------|

Hospital care may include:

- |  |                      |
|--|----------------------|
| • Physician's, specialist's and surgeon's services                               | No additional charge |
| • Anesthesia, use of operating and recovery rooms, oxygen, drugs and medications | No additional charge |
| • Intensive care and other special units; general and special duty nursing       | No additional charge |
| • Laboratory and X-ray services  | No additional charge |
| • Required special diets   | No additional charge |
| • Radiation, inhalation and short-term physical and rehabilitative therapy       | No additional charge |

Benefits	Cost to You
<b>Hospital or Ambulatory Facility (Outpatient):</b>	
• Outpatient surgical services to include surgeon's services, anesthesia, use of operating and recovery rooms, oxygen, drugs and medications	No charge
• Outpatient laboratory, X-ray, and other diagnostic testing	\$15 per visit
• Outpatient radiation, inhalation and short term physical rehabilitative therapy	\$15 per visit
<b>Emergency Room Services:</b>	
• Use of emergency rooms and emergency services at affiliated hospitals	\$25 per incident*
• Use of emergency rooms and emergency services outside of service area or at non-affiliated hospitals (worldwide)	\$50 per incident*
	*waived if admitted
<b>Mental Health Care:</b>	
• Twenty (20) outpatient visits per calendar year	\$25 per visit
• Thirty (30) inpatient days per calendar year	\$150 per day for 7 days (maximum: \$1,050 per admission)
<b>Drug and Alcohol Abuse:</b>	
• Detoxification due to alcohol or drug abuse	No charge
<b>Elective Surgical Sterilization:</b>	
• Vasectomy	\$70 per procedure
• Tubal ligation or occlusion	
– Hospital or surgical center	\$220 per procedure
– Surgeon's fees	\$220 per procedure
<b>Infertility Services:</b>	
• Office services related to testing for the diagnosis and treatment of infertility	\$25 per visit
<b>Special Services:</b>	
• Medically necessary ambulance service	No charge
• Home health services by nurses, nurses' aides	No charge
• Use of skilled nursing facility	No charge
• Durable medical equipment	No charge
• Hospice care	No charge
• Gynecological examination by a plan gynecologist without referral from a Primary Care Physician	\$15 per visit

## Principal Exclusions and Limitations:

The following services are excluded from Coverage under this Agreement, but only if, and to the extent that, such exclusion is permitted under law.

- All services not specifically listed in the Schedule of Benefits or in any rider or endorsement, unless such service is specifically required by State or Federal law.
- Elective cosmetic surgery
- Hearing aids, eyeglasses, dental care or oral appliances
- Contraceptives, except when dispensed for a specific treatment of a condition in an inpatient basis only
- Physicals for insurance, licensing, school or recreational purposes
- Elective abortions
- Worker's Compensation

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All health care services must be provided or authorized by your Primary Care Physician. The above Schedule is only a partial description of the many benefits and services covered by Health Options. This Schedule does not constitute a contract. For a complete description of benefits and exclusions, please see the Health Options Group Health Services Agreement; its terms prevail.

The co-payments are the responsibility of the member and must be paid to the provider at the time service is rendered. HOI shall not charge co-payment amounts that exceed one-half (1/2) of the total cost of providing any single service to a Member. It is the Member's responsibility to retain receipts and to notify and document to the satisfaction of HOI when the co-payment limit has been reached.

Should it become necessary, a grievance procedure is available to all members, as detailed in the Group Health Services Agreement.

**HEALTH OPTIONS, INC.**  
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**Blue Cross  
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of Florida



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**This is not a contract.** If you have further questions about covered services, check your contract; its terms prevail. If your contract is not clear to you, check with your employee benefits office, or call the customer service number on your ID card.



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These policies have exclusions, limitations and other terms affecting coverage.

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